

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/722088

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		2		2		2
9		2		2		2
10		2		2		2
11		2		2		2
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		3		3		3
23		3		3		3
24		1		1		1
25		1		1		1
26		1		1		1
27		1		1		1
28		1		1		1
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50						
TOTAL IND.	1		2		1	
TOTAL DEP.	36	35	30	28	28	28
TOTAL CLAIMS	37	35	32	28	29	28

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

36

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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